



APPLICATION FORM

Young Graduate Programme 2025



READ CAREFULLY THE NOTES & INSTRUCTIONS TO CANDIDATES BEFORE FILLING THIS FORM. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

A. Applicant's Details

TITLE	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
FULL NAME	<input type="text" value="(Last Name)"/>		<input type="text" value="(Other Names)"/>	
MAIDEN NAME	<input type="text" value="(Maiden Name, if applicable)"/>			
MARITAL STATUS	SINGLE <input type="checkbox"/>	MARRIED <input type="checkbox"/>	OTHER <input type="text"/>	
DATE OF BIRTH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NIC NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RESIDENTIAL ADDRESS			CONTACT NUMBERS	
<input type="text" value="Address Line 1"/>			HOME	<input type="text"/>
<input type="text" value="Address Line 2"/>			OFFICE	<input type="text"/>
<input type="text" value="Address Line 3"/>			MOBILE	<input type="text"/>
POSTAL CODE	<input type="text"/>		EMAIL	<input type="text"/>

B. Educational Details

1. Secondary Ordinary Level

State whether Cambridge S.C. or Cambridge G.C.E. or London General Certificate of Education (Ordinary Level)

<input type="text"/>	Month/Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subject		Grade		Subject		Grade	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
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<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	

2. Secondary Advanced Level

State whether Cambridge H.S.C. or Cambridge G.C.E. or London General Certificate of Education (Advanced Level)

<input type="text"/>	Month/Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subject		Level		Subject		Level	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	

Level – Principal [P], Subsidiary [S], Advanced Subsidiary [AS]

Level – Principal [P], Subsidiary [S], Advanced Subsidiary [AS]

3. Diploma Qualifications

UNIVERSITY/EXAMINING BODY	EXACT QUALIFICATION OBTAINED	DATE AWARDED

4. Undergraduate Degree

UNIVERSITY/EXAMINING BODY	EXACT QUALIFICATION OBTAINED	DATE AWARDED	RESULT <small>(1st Class, 2:1, 2:2 etc)</small>

5. Postgraduate Degree

UNIVERSITY/EXAMINING BODY	EXACT QUALIFICATION OBTAINED	DATE AWARDED

6. Professional Qualifications

UNIVERSITY/EXAMINING BODY	EXACT QUALIFICATION OBTAINED	DATE AWARDED

6. IT Proficiency

Ms Office Application	LEVEL	Ms Office Application	LEVEL
Ms Word	Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/>	Ms PowerPoint	Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/>
Ms Excel	Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/>	Ms Outlook	Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/>

C. Employment Details

1. Present Employment

EMPLOYER NAME		ADDRESS			
POST		TYPE	<small>(Permanent / Intermediate / Contractual / Internship)</small>	DATE APPOINTED	
REASON FOR LEAVING					
CONTACT PERSON		DESIGNATION			

2. Previous Employment/s

EMPLOYER NAME	POST HELD	TYPE	DATE FROM	DATE TO	CONTACT PERSON

D. DECLARATION OF APPLICANT

I, , declare that the particulars in this application are true and accurate and that I have not willfully suppressed any material fact.

DATE	<input type="text"/>	SIGNATURE	<input type="text"/>
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By signing and returning this application form you consent to the BANK OF MAURITIUS using and keeping information about you provided by you – or third parties such as referees – relating to your application. This information will be used solely in the recruitment process and will be retained for six months from the date on which you are informed whether you have been invited to interview, or six months from the date of interview.